

LAWTON BOARD OF REALTORS
Housing Counselor Report

Counselor:	Date: MM/DD/YYYY / / <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Total Number of Families I was able to assist:	
# Rental Inquiries:	# Sales Inquires:
# Financial Inquires:	# Relocation Assistances:
# of Other and explain:	
Supplies: (List any supplies that you notice may be getting low.	
Comments: (Please let us have your suggestions or ideas to improve our services or any special problems you encountered.)	

Thank you very much!!!!